

THE MEDICAL AND SURGICAL REPORTER.

No. 742.]

PHILADELPHIA, MAY 20, 1871.

[Vol. XXIV.—No. 20

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TWO CASES OF ENLARGED OVARY, CAUSING OBSTRUCTED LABOR BY FALLING INTO THE CAVITY OF THE PELVIS.

By T. B. CAMDEN, M. D.,

Of Weston, West Virginia.

CASE I.—I was sent for November 12, 1867, in the evening, to attend Mrs. S., æt. about 30; the mother of three children; had been enjoying good health; was in labor with her fourth child. Upon examination I found a tumor presenting, which appeared to be near the size of a child's head at full term; above the tumor the head could be felt through the dilated os uteri. The first stage of labor passed without any advancement until the second stage set in, when violent and continued expulsive efforts brought the child down upon the tumor, and pushed it lower in the pelvis. Frequent efforts were made to reduce the tumor, but every effort was unsuccessful. I asked for a consultation. Dr. BLAND of our town was called, and arrived just before daylight, and upon an examination found everything as above stated. His efforts to reduce the tumor were unsuccessful also, until we had well nigh become discouraged, and had sent for Dr. HILLS, of the asylum; but before his arrival Dr. B. had, whilst she was in pain, made another effort, and by steady pressure the tumor glided upward, the child's head came down, and she was soon delivered of a female child, alive and healthy.

For the first twelve hours nothing unusual showed itself. The tumor was well up in the right side; tender to the touch; and appeared

about as large as a child's head. Soon pain and greater tenderness, with some enlargement of the tumor, showed itself. Irritative fever now set in; the enlargement gradually increased until it appeared as large as a grown person's head. She gradually sank and died on the 29th of November—17 days after the birth of the child.

This was, undoubtedly, I think, a case of enlarged ovary, which had fallen below the child toward the last months of pregnancy, and had become impacted and pressed down by the weight of the child in the pelvic cavity. Inflammation supervened from the violent pressure upon the tumor, causing the rapid enlargement and perhaps suppuration. No *post-mortem* was allowed. But I do not think any other treatment was justifiable under the circumstances; she had not been in labor more than 12 hours, and not more than four in the second stage.

CASE II.—Was called, March 13th, 1871, to see Mrs. D.; æt. about 32; the mother of eight children, and English by birth; I found her having pains regularly, and she reported that the waters had ruptured and had been slowly coming away since morning; I saw her about 11 A. M.

Upon an examination I found what I supposed to be the womb and its contents well down in the pelvis; but after several ineffectual efforts to find the os, left the case for an hour, no little puzzled. Again I visited her and examined, but still found no os. I supposed the case to be one of partial retroflexion, and that the os must be above the pelvis. I persevered time and again, and after introducing the two fingers high up above the os pubis I succeeded in finding the os well dilated and the vertex presenting. This discovery at once revealed the true nature of the

case—a large tumor filled the cavity of the pelvis, and it was this that I mistook for the womb and its contents; so much did it appear in size and feel like it. I at once placed her in the knee-elbow position, and tried to remove the tumor by steadily pushing it up; but my efforts were unsuccessful.

I then asked for a consultation, and Drs. Bland and EDMISTON were called. They corroborated my diagnosis, and, after an ineffectual effort to displace the tumor, advised that the case be left to nature until morning. This was now 11 o'clock at night. I remained with her all night, and after another ineffectual effort to press the tumor up, I ceased all efforts until daylight, at which time my mind was made up that the time had arrived to do something, if possible, to relieve her. I wrote a note to Dr. B and C. to "come at once and bring a trocar and canula," and thought, if they coincided with me, to puncture the tumor at once through the vaginal wall.

But after deliberating we concluded to wait until 1 o'clock, A. M. (but not until I had taken the trocar in my hand and went to the bedside to operate). At the time stated Dr. HILLS of the Hospital for the Insane, an old practitioner, met with us again. The case remained pretty much as we left it, only the patient was somewhat exhausted. Puncturing was again debated; again it was deferred until 2 o'clock, at which time Dr. KUNTZ, also of the asylum, would meet us. We met again; very little change had taken place. We were about to leave the bedside to deliberate upon the operation when I again placed her in the knee-elbow position to give her another chance, and after pressing steadily and firmly against the tumor, whilst she had a pain, the tumor gradually receded, violent expulsive pains came on, the head came down, and in three or four pains she was delivered of a healthy female child. The placenta soon followed, naturally. She was much exhausted, and soon retching and vomiting came on, which occurred more frequently, until at last it was incessant; nothing would lay on the stomach until I gave her pretty freely of opiates with ice. She passed an uncomfortable night, still vomiting; next day she still vomited everything taken into the stomach, her mind began to wander, and she gradually sank and died on the morning of the 16th, 36 hours after delivery, and about 60 hours from the time active labor set in.

Post-mortem, five hours after death. The general system indicated previous good health.

An incision was made from the umbilicus to the pubis, and on opening the abdomen a large quantity of purulent looking fluid welled up, which had to be taken up rapidly to keep it from running out of the opening; the quantity was estimated to be a quart. The womb was well constructed and healthy, the bowels also presented a natural appearance. The right ovary was healthy, but on searching for the left one we at once found the seat of disease. The tumor was found wedged into the culdesac, between the vagina and rectal walls, and bound down by adhesions; and from the upper portion we could see the matter welling up through a rent in its walls, and after removing the tumor we could readily see its nature. It proved to be an altered ovary which had formed itself into a sac, and upon its outside surface was attached also four cystic tumors filled with amber-colored liquid, and perhaps held about a pint of the fluid. These were not ruptured.

Upon opening the sac and more fully exploring its contents we found in its cavity a mass of hair matted firmly together, and formed into a ball near the size of a turkey egg, which was with great difficulty separated. The hair was of the size and appearance of fine hair from a lady's head, and through it was yellow coloring matter resembling very much yellow ochre. The case was thus made clear: a rupture of an ovarian tumor had resulted from the prolonged labor and great pressure to which it was subjected at the time of the birth of the child.

The question arises, could death have been averted by the operation of puncturing the tumor and discharging its contents through the vaginal walls? Although death might have ensued after an operation, and many, perhaps, would have attributed her death to such an operation, yet I am of the opinion that we should have operated; and in a like case certainly would urge it more strongly than I did, from the fact that I have seen two unfortunate cases, of rare occurrence, in three years, terminate fatally. I do not think an operation in the first case would have been justifiable, as the short time of her labor would not have warranted it.

In neither case was there any cause to suspect any tumor or abnormal condition until

labor set in. Mrs. D. suffered some with a bearing down sensation, and difficulty of urinating for some days before her confinement—but nothing very unusual. Mrs. S. suffered no inconvenience as far as I know.

SULPHATE OF ALUM AS AN ANTISEPTIC.

By T. CURTIS SMITH, M. D.,

Of Middleport, Ohio.

Two months ago I was attending a case of obstinate uterine hemorrhage in a lady that had been the subject of an abortion. I had resorted to various means to check the discharge of blood, and, at times, had it completely controlled; but it recurred repeatedly. I was sure there was nothing within the uterine cavity to keep up the hemorrhage, but to make myself sure beyond a doubt, I introduced a sponge tent, dilated the os sufficiently to examine thoroughly the cavity of the uterus. I found nothing but small clots, which had probably formed there by the escape of the blood being prevented by the tent. As the discharge was at the time quite profuse, and the lady's life in danger, I introduced a tampon, consisting of small pieces of fine, soft muslin, packing in one piece after another till the vagina was thoroughly and tightly packed. These cloths were dipped in cold water before being introduced. The day subsequent I removed the tampon, and found it to possess a most horrible smell, and the smell on the hand extremely difficult to remove. On this same day, finding the hemorrhage not entirely checked, I introduced finely powdered alum in a very thin muslin sack, and held it against the os by packing bits of soft muslin behind it, as before. This was allowed to remain in the vagina thirty-six hours. I fully expected the same horrid smell on its removal that was present when the tampon was removed the previous day. To my surprise there was no disagreeable smell whatever attending its removal. This caused the idea to occur to me that probably alum possessed some antiseptic properties. Again the alum was introduced and left forty-eight hours without any unpleasant odor. A third time it was introduced, as there was still some hemorrhage, and left three days (72 hours), and when removed was colored with blood, but had no bad odor. I at once made search in

all the authorities in my possession and in some libraries belonging to others, but found no statement with reference to the antiseptic properties of alum. I learned incidentally that it is used in the paste of book-binders to keep the paste from souring. Whether this is so I do not really know; but if so, it is only another proof of its antiseptic powers.

In mentioning the above facts in the Meigs County (Ohio) Medical Association, Dr. J. B. SMITH, of Chester, Meigs county, Ohio, said he had often observed that the tampons he used, when saturated with a strong solution of alum, had no unpleasant odor when removed, but had never thought of alum being the cause of this absence of putrefactive odor.

Since writing the above, I was called to a fearful case of menorrhagia. As no time could be lost I immediately plugged the vagina with cloths, as before, with the same result with regard to the offensive odor, though the cloths did not remain but 12 hours. I then used the alum tampon, as above, which, though left longer than the cloths in the first instance, had no offensive odor. The remedy thus proves, not only a valuable astringent in such cases, but also combines with it antiseptic properties of value. All intelligent practitioners know the liability, in very anemic cases, of the absorption of decomposing material, when kept in constant contact with an extensive mucous surface. If alum will prevent this by checking, or rather preventing the decomposition of the blood, it will prove very advantageous in the treatment of all diseases of this character.

These facts led me to a series of experiments, the object of which was to test the antiseptic properties of alum. I took four pieces of raw beef as near alike in size, shape and quality as possible. One I covered completely with dry alum; another I placed in a saturated solution of alum; the third in water; the fourth I laid on a stand near the other pieces, without anything on it. The piece covered with dry alum, after laying for three weeks, was slightly mouldy, but had very little odor; the piece in the alum solution, by that time, had a slight offensive odor; the piece in simple water had become quite intolerably offensive; the piece that had nothing on it had also an offensive odor, but not as bad as that in water. Decomposition had barely begun in the pieces treated with alum when the

others had gone far into the process of decomposition.

I instituted a second series of experiments, by again taking four pieces of beef, as before. One I put into a saturated solution of alum; one into a saturated solution of potass. chlor; one in water; and one simply exposed to air, without anything on it. The two last mentioned had gone far into decomposition, and became very offensive before either that in the alum or potass. chlor. presented any signs of decomposition or emitted an ill odor, the alum being the last to become really offensive. Potass. chlor. is well-known on account of its chlorine to be antiseptic, though not powerfully so. But alum, so far as I know, has not been proven to be antiseptic. I do not believe the latter possesses very powerful antiseptic properties; nor have I so far any reason to believe it is more than very feebly disinfectant, except in the sense that carbolic acid is so; namely, in preventing or retarding decomposition. But, if it is antiseptic, though not powerfully so, the knowledge of this fact can often be utilized by the profession in the treatment of various diseases, as hemorrhagia, post-partum hemorrhage, epistaxis, nasal catarrh, and severe leucorrhea, or any disease where a plug or tampon is necessary, and where a more powerful remedy is not desirable or needed. In nasal catarrh the remedy will probably have the effect to remove the offensive odor which so often accompanies this distressing malady.

I simply offer this for what it may be worth. If any one has preceded me in the discovery, I shall not regret it. I hope members of the profession will test its value thoroughly, and that reports may be seen from others beside myself, whether *pro* or *con*.

True, the number of cases in which it was tried, as well as the number of experiments, are limited; but I think them quite enough to justify the statement that alum is to some considerable extent an antiseptic; and as it is cheap and found in abundance everywhere, it can readily be applied for good purposes where a powerful antiseptic or disinfectant is not needed or cannot be procured.

ALLEGED MALPRACTICE—CASE OF RUSSEL vs. WARDNER.

By F. R. WAGGONER, M. D.,
Of Mound City, Illinois.

This was an action brought on the 7th day of January, 1870, to recover damages in the

sum of \$10,000, for alleged malpractice by the defendant, Dr. H. Wardner, of Cairo, Ill., in the treatment of a complicated injury of the plaintiff's arm. The case was called for trial at the April term of the Circuit Court, in Alexander county. On the 29th of June, 1869, the plaintiff, while at work on a new house, fell from a platform, several feet, to the ground, striking upon his left hand, which was extended so that it received the full force of the fall, whereby the radius was fractured, obliquely, a little below the insertion of the *pronator radii teres*, the head of the radius dislocated forward upon the humerus, the external condyle of the humerus was broken, and slightly displaced outward; the orbicular, anterior and external lateral ligaments were badly lacerated, and the lower end of the ulna was thrust downward, causing a rupture, or stretching of the radio-ulnar ligaments of the wrist. He was assisted into an adjoining house, and a messenger sent for the defendant, who arrived in about thirty minutes after the injury occurred. He set and dressed the arm, and attended upon it for five or six weeks.

The arm was carefully and repeatedly examined by medical experts, during the trial, which lasted five days, and was found to have more than half the natural amount of flexion and extension at the elbow joint, complete motion being prevented by osseous deposit in the olecranon fossa and coronoid depression, a very slight displacement of the head of the radius, outward and backward, as though crowded out from the sigmoid cavity of the ulna by the interdeposit of fibrinous matter, or the thickening of the interposed tissues. The rotation of the hand was about three-fourths the natural amount, pronation being good, with supination somewhat impaired. There was a depression at the point of the fracture of the radius, the oblique ends of the fragments encroaching upon the interosseous space, the distance between the radius and ulna, at the point of union, being about half the width of the space, or from two to three-eighths of an inch. The hand was, consequently, deflected somewhat to the radial side, and the lower end of the ulna appeared somewhat prominent. The plaintiff's testimony in his own behalf was vague, and much confused. He swore that the arm was dressed with two straight splints, a little wider than the arm, reaching from the elbow to the ends of the

fingers, which were retained by a roller bandage applied over them from the fingers to the elbow, and that he could then see that the arm was crooked from the "formality" of it. He appeared to think that the arm had never been set straight. The plaintiff produced several medical witnesses, including Dr. Jas. Roberts, of Carbondale, and several physicians of Cairo, who testified that it would not be good surgery to dress a broken arm without bringing the fragments into apposition. There was no evidence tending to show that any of Dr. Wardner's treatment was improper, or that he had been guilty of any negligence or unskillfulness in the treatment, further than the impression of the plaintiff, that his arm had never been straight. This, with the exhibition of his deformed arm, was his case.

After the plaintiff had closed, Dr. Wardner, the defendant, was put upon the stand, and detailed, in a minute and clear manner, his treatment of the case. He testified that the bones were properly adjusted, and that the arm was straight; and, on this point, his testimony was corroborated by that of Captain Farris, who acted as an assistant at the time. The treatment was fully approved and pronounced to be in strict accordance with the highest authority, by Drs. Dunning, Evans, Wadgymar, Taber and Brigham, of Cairo, and Dr. Waggoner, of Mound City, who were in attendance; and by Drs. S. D. Gross, of Philadelphia; Dr. Frank H. Hamilton, of New York; Dr. Paul F. Eve, of St. Louis; Dr. Moses Gunn, Edmond Andrews and N. S. Davis, of Chicago, and Dr. A. Hudson, of the U. S. Navy, whose depositions had been taken in the case. Each medical witness examined, whether on behalf the plaintiff or defendant, stated that, considering the character and extent of the injuries to the plaintiff's arm, judging of those injuries, not from the diagnosis of the defendant, but from the appearance of the arm at the trial, the result was as good as could reasonably be expected.

The medical witnesses stated that, had the fragments of the radius not been reduced and properly adjusted, the pain would not have ceased (the plaintiff having testified that the pain stopped as soon as Dr. Wardner took hold of the arm and began to dress it) upon the application of the dressings; and, judging from the evidences of the injuries sustained, then apparent, that if the radius had not been

reduced, the plaintiff would undoubtedly have lost his arm.

The defendant introduced evidence showing misconduct on the part of the plaintiff, and a disregard of the instructions and directions of the defendant.

After the testimony was all in, the plaintiff dismissed his case, it being manifest that the evidence utterly failed to sustain his declaration, and he left the halls of justice, it is hoped a wiser man, satisfied, probably, to pay nearly a thousand dollars to find out that he had been well treated.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. HAYES AGNEW, M. D., Professor of the Principles and Practice, and of Clinical and Demonstrative Surgery.

April 12, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Cystomata.

GENTLEMEN: We have present this morning a very fortunate succession of cases of cystic tumors of the neck.

CASE I.—Is congenital, and is found upon the person of this little babe, thirteen months of age who was born with this immense tumor upon the side of its neck, which was then but little smaller than at present. Within the past few months, however, its bulk has perhaps been slowly increasing; but the change is not materially noticeable. It has apparently given no pain, and the child's health has always been excellent. Upon palpation the mass of the tumor is soft and fluctuating, except at the posterior portion on a line below the ear, and also at a point about the external face of the angle of the jaw, where hard prominences are found, evidently indurated lymphatic glands, which are independent of the bulk of this tumor, and are undoubtedly strumous in their character.

The mass hangs like a huge sac from the side of the neck down over the clavicle as you see, and was sufficiently large at the time of birth to occasion a cause of dystocia, though not to any great degree. The parents are healthy, and have brought this child from the interior of the State for relief.

Now our first question is, of course, to decide upon the nature of this difficulty. Is it a fatty tumor? No; it is not lobulated, and is too soft and fluctuating; neither is it likely to be an abscess, since such a condition would rarely be antecedent to birth; and pus would scarcely have remained confined during these thirteen months without

creating more disturbance, but would probably have made its way to the surface long ere this. My opinion is that it is a cystic tumor of the neck, sometimes known as "hydrocele of the neck." These growths are often and most commonly perhaps found in connection with the thyroid gland, from a dilatation of some of its vesicles, which dilatations are placed by BILLROTH in a doubtful position between exudation, follicular and neoplastic cysts; but they may also originate from other sources. For instance, the whole or a portion of a lymphatic gland may degenerate and a fluid form in one of its divisions, which fluid, gradually increasing in quantity, will distend and stretch the surrounding connective tissue, until, becoming thickened by the excited irritation, it forms a true enveloping wall, and thus, I believe, a cyst may be formed, although it is denied by some pathologists that lymphatic glands do give rise to cysts. Two cases which I shall show you to-day, however, can, I think, be more reasonably and satisfactorily explained by this theory than by any other; and why should it not be so? A cystic tumor may be defined in general terms as a sac filled with fluid or pulp. Now I think these tumors, and many certainly which I have seen have answered this definition, and yet I am sure have been formed from glands in the manner I have mentioned. Some writers make the distinction of "cyst" for those growths in which the sac had previously existed, and "cystoma," in which it has developed entirely anew. The majority of cystic tumors I believe to belong to the latter class, and these lymphatic formations are such. They are neoplastic cysts, resulting from softening of previously diseased structure, which, having formed a sac, grow by the constant secretion which is exuded from the inner wall of the sac.

Another common mode of formation of cysts is by the obstruction and gradual dilatation of gland ducts, as seen in ranula and in the obstruction of sebaceous glands. These are the "retention cysts" of VIRCHOW, and, surgically speaking, it is convenient to class them as cysts, though they are truly but an accumulation of the contents of an obstructed tube.

The surrounding connective tissue having once formed a sac, secretion goes on, and in the large cysts epithelium may be discerned in some cases, although ROKITANSKY remarks (*Ueber die Cyste*) that such epithelium frequently does not exist, but that the inner layer is a "nucleated, structureless or striated blastema, externally splitting into fibres in the direction of the long axis of the oval nuclei it contains." This cyst wall sometimes thickens, calcifies, or degenerates, giving us different varieties of forms in actual practice. The contents may vary from serum to a firm gelatinous material, and the color is watery, yellowish or brown.

The situation of the single serous cysts in the

neck, which is their most common position, is in front, at or near the thyroid gland, or upon the sides, or even over the parotid. The congenital cases, like the one under consideration, are sufficiently rare, although quite a number are recorded. [Vide WERNHER, *Die Angeborenen Cysten-Hydrone, Giessen, 1843*, and GILLES, *De Hygromatis Cysticis Congenitis*, Bonnæ 1852, etc.—DE F. W.]

In such cases, of course, it is impossible to say precisely where the growth commenced, unless we find it directly connected with the thyroid gland. Still I think the most probable origin is in a lymphatic gland. Some cysts of the neck, even when seen low down near the clavicle, are found to have a communication with the submaxillary or sublingual ducts, thus constituting a sort of ranula, which may, in the course of years, become large cholesteomata by the deposit of epidermis.

The treatment of these hydroceles of the neck may be comprised under two heads: The first I will show you upon this patient; the other upon the succeeding cases. The first method has for its object the closure and destruction of the sac, which is accomplished by puncture and evacuation of the contents, followed by the injection of iodine, or by the passage of a seton through its substance, either of which will fulfill the desired result. In all these serous sacs, when I use iodine I prefer to use the undiluted tincture, and allow a drachm or so of it to remain, rather than to use a weak solution and draw it away after a few moments, since I think the former plan more safe and effectual, as I remarked in our last lecture.

Precisely how iodine operates upon the interior of a cyst or of a serous sac, is not quite determined. It may set up sufficient suppurative inflammation to totally destroy the sac, or when in less degree to cause adhesion of the two sides, or it may be by the destruction of the endothelium (when it exists), with a consequent arrest of secretion and shrinkage of the sac.

In the present instance, as the child is young, I will use the seton, since with it we can better control the resulting inflammatory symptoms.

I shall therefore first puncture the cyst and allow the escape of all this yellowish fluid which you see, after which I will pass a double thread of silk entirely through it, and allow it to remain until I see evidence that it has accomplished its mission, when it will be removed. The hard portions of the tumor, the enlarged glands, probably will not be affected by the treatment, but if we can compel a closure of the cyst, they can be appropriately treated afterward, as in an ordinary case of strumous enlargement.

[The tumor was then punctured and the contents thoroughly evacuated. The latter portion of the discharge was filled with curdy lymph, precisely like that seen from glands, thus showing its origin from one of these bodies, as pre-supposed. A seton

was can-
and a co-
on the f-
On the f-
move
second,
been ex-
lent an-
speedily
to open
drainage
purpose
as form-
enamed,
opium I-
hard, gl-
denly to
thus ex-
the five-
tract an-
diminish
pendulo-
more th-
gland at
in opera-
to see a
During
strength
tea, mil-
Dr F. W.

CASE
as you
upon the
angle of
about a
neck, a
sensatio-
since ste-
been un-
smooth,
the sup-
think, a
it is too
abscess,
see me

It is r-
evident
symptom
certain
cular, en-
of such

Indee-
the fac-
it is no-
cases so
vessel I
became
often b-
cases th-
vious,
fed from
aneurys-

was carried through the lower portion of the mass and a compress applied. The child slept well, and on the following day the inflammation commenced. On the second day it was thought advisable to remove one of the strands, and on the fifth day the second, as the requisite amount seemed to have been excited, the discharge having become purulent and no serum perceptible. The openings speedily closed, however, and it became necessary to open them and insert small, perforated gum drainage tubes, which answered a most excellent purpose and permitted the escape of pus as quickly as formed. On the tenth day violent inflammation ensued, but was successfully combatted by lead and opium lotions, and when it subsided the posterior, hard, glandular portion of the tumor seemed suddenly to have softened and was decreasing in size thus exceeding even the anticipated result. From the fifteenth day the whole tumor continued to contract and the discharge to lessen, until it has now diminished to such an extent that it is no longer pendulous, but merely a slight enlargement, scarcely more than could be expected from the yet existing gland at the angle of the jaw. The process is still in operation moreover, and in a few weeks we hope to see an entire cure effected.

During the great drain of the discharge the child's strength was supported by an abundance of beef tea, milk and whisky, and he lost but little flesh.—*Dr F. W.*

Blood-Cyst.

CASE II.—H. A., *æt.* 40 years. This woman has, as you see, a large tumor of the size of an orange upon the side of her neck, situated behind the angle of the jaw. She states that it commenced about a year since, soon after a strain of the neck, at which time she experienced a slight sensation of pricking in the part, and that it has since steadily continued to increase in size, but has been unaccompanied by pain. It is soft, regular, smooth, moveable and fluctuating. It is beneath the superficial fascia but above the deep—and is, I think, a cyst. It certainly is not a fatty tumor, for it is too soft, and is not lobulated; nor is it an abscess, for my exploring needle, which you so often see me use, reveals a dark-brown liquid as contents.

It is not likely to be malignant, as there are no evidences either in itself or in the accompanying symptoms. There are sometimes found in the neck certain cysts which are but transformations of vascular, erectile tumors—*nævi*—yet there is no history of such a growth in this case.

Indeed, judging from its history, therefore, and all the facts of the case, I am inclined to the opinion that it is not even glandular, but that it is one of those cases sometimes found in which rupture of a blood vessel has occurred, and the resulting extravasation became encapsulated, just as a foreign body will often be entirely surrounded with a sac. In some cases the opening into the blood vessel remains pervious, and when the cyst is fully formed we find it fed from this vessel, forming almost a kind of venous aneurism,—a *hæmatoma* (extravasations-cysten.

Virchow.)—whose contents may be almost pure venous blood.

With this view, then, is it advisable to remove the mass? Yes it is, since the size is increasing, and it may cause much trouble in the future by its large size and the attending pressure. The form of operation will be bodily excision of the entire sac, since either injection or the passage of a seton would be extremely dangerous should the opening of which I have spoken exist in the vein.

My incision will be directly down upon it, and by a careful, slow dissection or enucleation process, endeavor to free it from all its surroundings, and then trace its pedicle to such vessel, if I am right in my diagnosis. Of course, we must use considerable care, for here is the external jugular vein coursing over the course of the tumor on its way down to the subclavian; and we should also always be on our guard for extra or abnormal branches, which so often occur. These vessels can be rendered prominent by arresting the current with the thumb placed above its point of disappearance under the clavicle.

There are also several unimportant superficial nerves, but they are of no moment, even if divided; but deeper down we may expect to find the more important structures, the *descendens noni* nerve in front of the carotid sheath, the pneumogastric or *par vagum*, and the internal jugular vein in the sheath, while the sympathetic is behind, and the phrenic far to the outside. All these should be borne in mind, as it has been truly remarked, that no operation, however simple, should be commenced upon the neck without the ability, skill and necessary instruments at once to ligate the carotid artery, or compress the jugular vein, since an accident requiring such a procedure is not improbable. Our incision will be of good length, and in such direction as to be concealed by the folds of the neck provided we can do so without risk of wounding any vessel.

[The operation was then commenced, and care exercised that the cyst should not be ruptured, the handle of the knife or the grooved director being constantly brought into use. After thoroughly clearing it from the surrounding tissues, it was found to lead directly to and to be fed from a branch of the internal jugular, which was ligated, and the mass removed. During the operation, the carotid artery and internal jugular were freely exposed, but were uninjured. Its contents consisted of blood, as had been supposed, and it was evident that the communication with the vein had been direct. There was no difficulty from hemorrhage, and the wound healed nicely and quickly.—*Dr F. W.*]

Blood Tumor.

CASE III.—Here is a man who says that he received a severe injury from the wheel of a cart, across the back of the scapula and shoulder, about two weeks since. He sustained no fractures, but now presents an immense tumor upon the back of the shoulder, of the size of one's fist, which is soft,

fluctuating, and of a dark purple color, while about its edges are various shadings of colors—green, yellow, etc.

This is a true "blood tumor," a hæmatoma, from extravasation of blood, which has not yet, however, become encysted, as often happens in small effusions, yet such might occur, as in the last case, provided sufficient time be given. Here the blood is diffused through the subcutaneous connective tissue, and has gradually worked its way toward the surface, so that it is now much more apparent than it was soon after the inception of the injury, as frequently happens in these cases.

Now, when such a fluctuating tumor lies so close beneath the skin, the temptation is great to plunge in a knife and quickly evacuate the contents; but should you be tempted to this, the most serious consequences might result—as the tumor might connect with an artery, or again, the entering air might so hasten decomposition as to poison the system in a short time. *Never touch these blood tumors*, then, but simply paint them with iodine or other stimulants; apply pressure and wait for time to complete the cure by absorption. Suppuration may occur, it is true, but expectancy even here is the best treatment, nature usually performing a better cure when left unassisted. Should the symptoms show commencing putrefaction of the contents, however, then an incision would be beneficial, but this is rare.

Cystic Tumor of Neck.

CASE IV.—Here is another woman with an immense tumor upon the left side of her neck, behind the sterno-cleido-mastoid, which, like all the preceding ones, is soft and fluctuating, and from its growth and general characteristics I believe to have originated in a degenerate lymphatic gland. It is decidedly translucent, as tested by a candle and contains, as the exploring needle shows, a colorless liquid. It is freely moveable, but having been in position for so many years, has undoubtedly caused the disappearance of the deep fascia above which it was originally seated, and now has no limitation except by its own proper enveloping wall. It is on this account that we often have such difficulty in the removal of these tumors, since it may be prolonged in any direction, even down beneath the clavicle, and sometimes even appears below it, displacing everything before it. In this annihilation be very careful to avoid all nerves, as serious results may follow their division or injury. I have seen loss of voice follow the removal of tumors near the trachea, from injury of the recurrent laryngeal, and also great interference in respiration from a wound of the phrenic or pneumogastric.

Such, gentlemen, are some of the forms of cystic tumors with which you will meet; but when we have separated all which may be from known

causes, there will still be a few cases which can be traced to no definite mode of origin, which must necessarily be placed, for the present, among primary cysts, independent of any secreting structure.

[The tumor was then carefully enucleated, though the wall was found exceedingly thin and delicate. Not being limited by the deep fascia, it extended into the inter-muscular spaces, and down beneath the clavicle, so that when removed the subclavian and transverse colli arteries and the Brachial plexus of nerves were plainly to be seen. The contents were serous in character, but contained curdy material sufficient to point to its glandular origin. Two large external jugular veins coursed over its surface, but were easily avoided. The wound was loosely brought together, and compresses applied to prevent burrowing of pus.—D&P. W.]

MEDICAL SOCIETIES.

TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY.

Held in Cincinnati April 4th and 6th, 1871.

[REPORTED BY J. W. HADLOCK, M. D.]

FIRST DAY—MORNING SESSION.

The Society met in Hopkins' Hall, at 9 o'clock, and was called to order by the President, Dr. T. A. Reamy, of Cincinnati.

Rev. Dr. Briggs, of Trinity Church, opened the meeting with prayer.

Vice Presidents, Drs. H. J. Herrick, of Cleveland, Brown, of Urbana, McE. Bright, of Akron, and Bramble, of Cincinnati, took seats upon the platform.

The Secretary, Dr. W. C. Hall, was present. Dr. J. B. Thompson, Treasurer was present and entered upon the discharge of his duties.

The President announced the first business in order was the reading of the minutes of the last session. Dr. W. W. Dawson moved that the reading of the minutes be dispensed with. Motion adopted.

The report of the Executive Committee was called for, whereupon Dr. E. B. Stevens, chairman of said committee, submitted the following report:

Your Executive Committee beg leave to report that the use of this hall has been secured for the meetings of this society; and it is believed that all necessary arrangements have been made for the comfort and convenience of the society.

Your committee suggest that the meetings be held at 9 o'clock A. M. and 2½ o'clock P. M.

Tuesday evening at 9 o'clock the Society is invited to a banquet in this hall, given by the profession of Cincinnati to the Kentucky and Ohio State Medical Societies.

Wednesday, at 9 o'clock A. M., election of officers; at 11 o'clock A. M., invitation to visit the Cin-

anti Hospital; at 3 o'clock P. M., President's annual address; at 9 o'clock P. M., banquet at Odd Fellows' Hall, Ky., by Covington and Newport to Ohio and Kentucky State Societies.

Thursday, 9 o'clock A. M., business, etc.; at 11 o'clock A. M., invitation to Holly Water Works, Covington.

The following railroads have kindly agreed to return members who have paid full fare coming:

A. & G. W., C. H. & D., D. & Mich., D. & Western, Little Miami, C. X. & C., Clev., Col. & Indianapolis, Marietta. The steamer Boston carries members at half fare.

All of which is respectfully submitted.

Stevens, Dawson, Davis, Cowan, Miles, Dougherty, Executive Committee.

Dr. E. B. Stevens, on behalf of the Executive Committee, and also on behalf of the profession of Cincinnati, delivered the following welcoming address:

Mr. President and Gentlemen of the Ohio State Medical Society: It is my very pleasant privilege, on behalf of the Executive Committee, as well as the entire profession of Cincinnati, to welcome you to our city on the occasion of your "twenty-sixth annual assemblage."

Representatives of almost every part of our great State, once more you lay aside the armor of your daily conflict with disease—lay aside the anxious cares and fret of your life-battle—lay aside your duties, with their constant mental and physical tension, and come up to this our annual reunion.

We trust the past year has matured your thought, ripened your judgment, enlarged your experience; and, in this interchange of professional thought, we shall all go home with greater capacity for usefulness in our work; and in this interchange of professional friendships and courtesies, go home with kindlier regards for our medical fellows—more earnest purposes for continued labors and usefulness in the art and science of medicine.

This society last convened in this city in 1854. What wonderful changes these seventeen years have wrought! This city has grown in all its features; old landmarks have given way to palatial structures, massive business houses, elegant residences, churches, colleges, a grand hospital edifice; arts, manufactures, letters, merchandise, have been wonderfully developed; and the changes are but typical of those which pertain to us as medical men, and in many respects are inseparably interwoven with our progress. As a society too, how have we changed! Some of us have grown—have grown older!

Some honored men are no longer with us who were listened to in those days with pleasure and profit. Shotwell, Harrison, Mussey—and within a few days, Carroll and Tallafiero—are all gone.

Their work is done. Having completed their labor, they are gone to their reward.

Thank God, many who were workers of 1854 are still with us, and good for many a conflict yet. Woodward you honored with the Presidency then. He is still in the ranks, and with us to-day—and Russell, and Thompson, and Smith, and Hamilton, and Tate, and Dawson, and Mussey, with scores of others, advancing in years, but blessing society with their lives.

What a wonderful fullness, too, of dramatic events has been crowded into these seventeen years. Since we met here then the world has had its terrible civil upheavals and commotions; our own land has shared in fratricidal strife; in it all the good physician has ever had his toilsome, often thankless, but ever heroic and gracious work to do.

To us the genius of peace, with her bright wings, has returned—let us hope for all time. Our land is again blessed with quiet; we have resumed the glorious arts of civilized and Christian people; brother is again heart to heart with brother. In our social relations as physicians, let us aid in bringing oblivion over all the sad, dividing past. Intestinal strife is not for us. Let us push forward while we may those things which advance the prosperity and wealth of a nation, and the comfort and happiness of people. As we assemble here to-day, under such pleasant surroundings, we have for all these an omen of good. Our brothers across the river have in like manner left their homes and duties and work, and like ourselves they are assembled in our beautiful sister city of Covington. I am glad that this will give us, of both States, a season of social intercourse and intermingling, to brighten our scientific labors, such as comes to us but once in a life-time. Let us cultivate the opportunity. Ohio and Kentucky have a glorious record in the past—a glorious history of common and undying interest. Kentucky and Ohio have a glorious host of medical men; let us intermingle and learn that, in the future as in the past, we have a common heritage of profession—hope—country.

In conclusion, gentlemen, allow me to congratulate you on the steady progress we are making in medical knowledge, and the various arts and practices which prolong human life. We have had our social and civil commotions, and yet these have but exhibited the vigor of the people. The country is being more and more developed; cities grow, princely estates are placed under culture, elegance and refinement mark the character of the people. In the same steady ratio of progress do we grow, in all that pertains to medicine; the laws of health, plans for protecting communities and cities from plagues and epidemics, therapeutics, surgery, midwifery—in all directions we grow. The transactions and reports of this society in part mark, from year

to year, the grand aggregate; and I trust the work of this year will add one more way mark to tell of the earnestness, fidelity and ambition of the profession of medicine in Ohio.

Once more the profession of Cincinnati extends the sincere hand of welcome to our brothers of Ohio.

The President announced that, owing to the illness of Dr. W. B. Davis, a vacancy was made in the Committee on Admissions, and appointed Dr. M. Cassett in his stead.

Dr. J. B. Thompson, Treasurer of the Society, by leave, made his report, which, on motion, was referred to the Finance Committee.

The Committee on Finance respectfully report that they have examined the accounts and vouchers of Dr. J. B. Thompson, Treasurer of this Society, and find them correct, as follows:

Balance in Treasury at last report	-	\$306 99
Receipts from initiations, assessment and sale of transactions,	-	690 47

Total,	-	\$997 46
Total amount of expenses as per vouchers,	869 18	

Balance in Treasury,	-	\$128 28
----------------------	---	----------

We further recommend that the Treasurer and Secretary receive the same salary as last year; that the transactions be bound as the last, in cloth; and to meet this increased expense, we advise that the assessment this year be two dollars.

W. H. MATCHETT,

W. H. MUSSEY.

Finance Committee.

April 4, 1871.

On motion of Dr. W. W. Dawson, a committee consisting of Drs. M. B. Wright, W. P. Kincaid, C. Woodward, Alex. Dunlop, and E. B. Stevens, ex-Presidents of this Society, were appointed to wait upon the Kentucky State Medical Society, and invite the members to meet with us and participate in our proceedings.

The President proceeded to call the standing and special committees. The Committees on Publication and Finance asked time to report. Granted.

Dr. E. B. Stevens, special committee on uterine catarrh; Dr. J. A. Little, special committee on antagonistic powers of opium and belladonna; Dr. D. D. Bramble, special committee on chloral hydrate; Dr. J. R. Black, special committee on sanitary science; Dr. — Seely, special committee on diseases of the eye; Dr. J. R. Black, chairman of the committee on diseases and all their causes; Dr. S. S. Scoville, special committee on physical and vital forces; Dr. R. Werth, special committee on diseases of the larynx; Dr. W. H. Mussey, special committee on improvements in surgery.

Each reported papers ready at the convenience of the society.

On motion, Dr. E. B. Stevens read his report on uterine catarrh, which was listened to with much interest; and, on motion of Dr. Kincaid, the paper was laid on the table for discussion.

Drs. Lyon, Bigelow, and Harding, delegates from the Indiana State Medical Society, were introduced to the society, and welcomed by Dr. Reamy, the president, and invited to take seats with the members, and participate in the proceedings.

Dr. S. S. Scoville, special committee on physical and vital forces, proceeded to read his report. On motion to refer to the Publication Committee with instructions to print. The paper was discussed by Drs. Herrick, Hyde, Harding and Scoville; a vote being taken, the paper was ordered printed with the transactions.

Dr. J. W. Hadlock, of Cincinnati, was at this juncture elected assistant secretary.

On motion of Dr. E. B. Stevens, the Secretary read an invitation requesting the Society to visit the Cincinnati Hospital. On motion accepted.

During the session this morning, the following new members were elected:

Drs. P. M. Brigney, W. Stark, C. A. Miller, Wm. Carson, J. W. Hadlock, Warren Woodward, L. C. Herrick, E. L. Shackleton, H. Lenseman, H. S. Jewett, W. W. Seely, L. A. Cottle, G. B. Orr, D. J. Snyder, John R. Woods, H. Luddenton, Byron Stanton, F. C. Larimore, C. D. Palmer, E. R. Lang, A. Titus, Jas. T. Whitaker, R. McD. Gibson, E. G. McCullom, W. H. Campbell, W. A. Carmichael.

Delegates from the following local societies were present:

Seneca County Medical Society: R. McD. Gibson, E. J. McCollom. Sciota County Medical Society: A. B. Jones, A. Titus, E. R. Lang, C. M. Finch. Meigs County Medical Society: A. L. Knight, J. R. Meeks. Montgomery County Medical Society: H. S. Jewett. Northwestern Ohio Medical Association: E. L. Shackleton. Fulton County Medical Association: S. P. Bishop, Wm. Hyde. Mt. Vernon Medical Society: F. C. Larimore, J. W. Russell, H. W. Smith.

The society took a recess until 2 o'clock, P. M., on motion of Dr. Hall.

AFTERNOON SESSION.

President (Dr. Reamy) in the chair. Dr. J. A. Little, of Delaware, special committee on the antagonistic powers of opium and belladonna, read his report, which was referred to Committee on Publication, with instructions to print.

Dr. E. B. Stevens, chairman Executive Committee, introduced Drs. Todd, Yandell and Kearns, delegates from the Kentucky State Medical Society, who each came forward, and in kind terms extended the greetings of the Kentucky State Medical Society, now in session in Covington, and invited our members to meet with them.

Dr. W. H. Mussey, of Cincinnati, special committee on *improvements in surgery*, read his report, and exhibited casts and photographs of various kinds of tumors.

On motion the paper of Dr. Mussey was referred to Committee on Publication, with instructions to print.

Dr. J. R. Black, special committee on sanitary science, read a lengthy report upon that subject, which was discussed by Drs. McIlvaine, Black and Beamy, and was referred to Publication Committee with instructions to print.

The following is a synopsis of Dr. R. R. McIlvaine's remarks in review of the paper above referred to:

Mr. President—I wish to inquire of our colleague [I understood him, in his able and elaborate paper, that there was a deterioration of the American people, and the feminine portion in particular? [The doctor was proceeding to discuss the questions just raised by Dr. Black in his paper, when he was called on by many voices from various parts of the house to take the platform, that all might hear more distinctly what he had to say. In taking the stand, he remarked that as time was precious, his remarks would be characterized with great brevity.] In the first place, the gratuitous assertion that the beauty of the American women was short-lived, and that before they had scarcely attained their majority, like the early cloud or morning dew, passed away, is a proposition incapable of demonstration.

I have had, Mr. President, the opportunity of seeing women in various places and under varied circumstances. I have not seen them at the receptions of that scamp Napoleon, nor those of Victoria, though I have met with persons who attended both. I am too much of a democrat to seek admission to the residences of despots. Now, let us begin by illustration; and we will give the late Mrs. Madison as a sample of the olden time women. At her advanced age had she many peers? and we leave the history of her time to answer whether she had any superiors. We give her, then, as the type of a class; and we are happy to say that the class of which she was the representative is not extinct, but will assert, without fear of successful contradiction, that there are among the women of Ohio to-day representatives of every decade from that womanhood to the octogenarian, that will compare in point of proportion, which is the foundation of beauty, with the same number of women in this or any other country.

Now, Mr. President, as to the proofs that we are not deteriorating: In 1850, if I remember rightly, in every 2178 of the entire population of the United States, there was one over 90 years of age, and in every 25,000, in round numbers, there was one over 100 years of age. Mr. President, it is not I who speak, it is history. It is the bible of politics and

progress, the census of the United States for 1850, that I credit with these facts.

But further, Mr. President, the State of New York in 1860 had a white population of 3,831,590; of this number there were 1,046 persons over 90 years of age: namely, 704 men, and 942 women; thus in every 2,327 there was one over 90, and in every 41,647 there was one over 100 years; in both cases women being in the majority.

The next State, Mr. President, that we will call your attention to is that of Ohio. In 1860, with a white population of 2,302,808, there were over 90 years of age, 760; of this number were 366 men, and 394 women, and, therefore, there was in every 3,080 one over 90 years of age, and in every 33,864 one over 100 years of age. In this case, as in that of New York, old aged women are in the majority.

Again, Mr. President, we will direct your attention to old Virginia. In 1860, with a white population 1,047,290, there were 245 men and 296 women over 90 years of age—total, 541, which gives one over 90 in every 1,935, and in every 15,178 there was one over 100 in her entire white population.

And further, Mr. President, we call your attention to a more northern latitude. In 1860 the white population of the State of Vermont was 314,369; in this small population there is evidence of vitality; there were over 90 years of age 146 men, and 180 women; and here, as in all the States named, women have the majority. In every 961 there was one over 90, and over 100 thirteen, being one in every 24,182 of her entire population.

Here, Mr. President, we have given a tabulated view of each—west, north, and south, and we think it proves conclusively that we are not deteriorating.

Now, Mr. President, the entire white population in 1860, of the United States, was 26,690,206. Of this number one in every 2,775 and a fraction, was over 90 years of age. Of this population there were 902 over 100 years of age, making one in every 29,578 and a fraction. These figures, Mr. President, speak for themselves, and we pass to inquire whether man in the aggregate has been deteriorating. It was intimated that in the hotter climates, as in India, that the population have to be recruited from more temperate regions. What the capacity of the white man—who is the emigrating man—for self-sustaining and reproducing in all regions, is a question I think history has settled. Emigration is not peculiar to our day, nor are discoveries. Pharo Necho, 616 years before our era, sent out an expedition on a voyage of discovery, who were successful in their mission. Bartholomew Diaz, in 1485 of the Christian era, discovered the Cape of Good Hope, which Pharo Necho's men had discovered 2101 years before. Barnatz, a Holland navigator, in 1596 discovered the Island of Spitzbergen, the most northerly land on the globe, so far as we know,

in the Arctic regions, in latitude $86^{\circ} 48'$; but this is not all; the descendants of these same Hollanders founded a colony at the Cape of Good Hope in 1650, which, so far as we know, remains to the present time. This is in latitude $34^{\circ} 30'$ south.

Now, Mr. President, another subject has been touched upon, and authorities have been cited. You are aware, sir, that authority is not always truth, but truth is always authority. The agitation of this subject is not of yesterday; it carries us to the past; I mean, sir, this subject which has been so severely censured in his paper by our colleague, namely: marriage of relatives. This is a subject that the popes claimed at an early day to regulate by their authority. Thus Gregory the First, A. D. in 598 pronounced marriage unlawful as far as the seventh degree of collateral consanguinity, computed from the common stock. Pope Innocent the Third, in 1198, in the plenitude of his power, claimed that he had a right to dispense with the law; hence, the Lateran council, in 1215, passed a remedy for those disabilities, and permitted marriages after the fourth degree, or what we call third cousins. It may be assumed that these things were done by the popes to be as unlike Judaism, is possible. From 325 of the Christian era, on the 19th of June, when the first Nicene council met, from that time it was the well-defined policy of those unsanctified wretches calling themselves Christians to persecute the Jews, century by century, till 1790, when a new era dawned. The Jew, under the benign influence of the French revolution, found himself recognized as a man.

Now, Mr. President, we are brought face to face with facts against fancy, and demonstrations in opposition to assertion. That science should have its romance as well as literature, is not to be thought strange. For years we have been told, by those who profess to guide us, that the source of all our disasters, social and physical, was the intermarriage of relations. We have stated that the Jew found himself a man since 1790. To-day they are socially, morally, intellectually, politically and pecuniarily stronger than they have been at any period since the year 70, when, on the 10th of July, the Roman General destroyed their temple and blotted them out as a nation. Now let us inquire into their origin; and this demands of us to go east, to Mesopotamia. There, 1998 years before our era, the father of the Jewish nation, Abraham, was born. In due time he married his half-sister. The issue of this marriage was a son, but on this son there is no outer and visible sign of imperfect organization. In due time this son, Isaac, married his first cousin, Rebecca, and from this union sprang two sons, Jacob and Esau, the former in due time marrying his two cousins. He, Jacob, the "New England Yankee of the Bible," became a trader, and his ability

to acquire property is historical and the standing type of his race to this day.

But we will not fatigue you with their history—all can read it who choose. We pass on now to the unduplicated man in history, Moses, who was born 1571 years before our era. Was his mother a Greek, and his father from the banks of the Tigris? No! His father, Amram, married his own aunt; his father's sister. Was Moses deaf? or was he idiotic? or, was his brother Aaron a sufferer from mental incompetency? or has the descendants of the Jews to our day been distinguished by those diseases which are said to be the result of intermarriage with relatives? This we emphatically deny, and with all these facts before us, with nearly 2,000 years of oppression from a dominant religion, their adherence to the great fundamental principle of the Mosaic faith, they have triumphed over all disabilities; hence we may conclude, in the language of one of their own prophets: "That Judea yet ruleth with God."

The doctor made the above remarks impromptu, and had to draw on his memory for the dates given, and he stated that if any mistakes occurred in data he stood corrected.

Dr. Dawson, on the part of the Executive Committee, presented the following order of business for to-morrow:

9 A. M.—Election of officers.

9½ " Dr. Bramble's report on hydrate chloral.

11 " Visit the hospital.

2½ P. M.—Paper of Dr. Seely on diseases of the eye.

3 " Valedictory.

4 " Dr. Werth's paper.

The Committee on Admissions, during the afternoon session, presented the following names, and recommended their admission. All were elected: J. M. Tucker, D. S. Young, A. B. Isham, A. C. Kemper, T. H. Kearney, W. P. Thornton, O. C. Davis, — Robb, N. H. Sidwell, J. W. Mendonhall.

On motion Society adjourned until to-morrow morning, 9 o'clock.

SECOND DAY—MORNING SESSION.

The Society met at 9 o'clock, and was called to order by the President, Dr. Reamy. Prayer was offered by the Rev. Dr. Boyce, of the Plum Street United Presbyterian Church.

The minutes of yesterday's proceedings were read by the Secretary and approved.

Dr. A. W. Pinkerton, of Indiana, was introduced to the Society by the President, and invited to take a seat with the members and participate in the proceedings.

Dr. Cole, delegate from West Virginia, was introduced—came forward and addressed the Society in a few well chosen remarks.

The Society went into the annual election of officers, Drs. Jones, Wirth and Sinnett being appointed tellers. The result was as follows:

President—Dr. W. W. Dawson, Cincinnati.

Vice Presidents—Drs. L. Kay, Springfield; C. P. Landon, Westerville; — Sinnett; J. W. Russell, Jr., Mt. Vernon.

Secretary—Dr. W. C. Hall, Fayetteville.

Assistant Secretary—Dr. J. W. Hadlock, Cincinnati.

Treasurer and Librarian—Dr. J. B. Thompson, Columbus.

Committee on Admissions—Drs. Little, Pearce, Grey, Baker and Black.

On motion of Dr. W. H. Mussey, it was agreed that when this Society take a recess it be to 2 o'clock, P. M.

The place of our next meeting was now considered. Dr. Jones invited the Society to Portsmouth. Yellow Springs, Springfield, Dayton and Newark were also named; a vote being reached, Dayton was selected.

At this morning's session the following new members were duly elected:

Drs. N. Hall, Cincinnati; E. A. Day, A. P. Courtright, A. T. C. Worthington, L. W. Bishop, J. H. Green, W. R. Thompson, Jacob Kirby, A. Benfield, J. Ludlow, Wm. Hyde, W. G. Bryant, J. M. Hall, Dr. Haldt, W. M. Logan.

Also the following delegates: Drs. William R. Thompson, Medical Society of Montgomery County; J. W. Hoff and J. R. Meeks, Meigs County Medical Society; Lewis Schwab, Sciota County Medical Society; J. H. Greene, Miami County Medical Society.

The President announced that arrangements had been made for the Society to visit the Cincinnati Hospital at this hour, and the Society took a recess until 2 o'clock. Dr. W. H. Mussey invited the members of the Society to visit the Pathological Museum of his late father, at the Miami College, on Twelfth street, near the Hospital, after the adjournment of the meeting at the Hospital.

The members of the Society, and also the members of the Kentucky State Medical Society, visited the Cincinnati Hospital, and were shown through the extensive wards by the officers of the Hospital. Several interesting surgical cases were shown to the visitors by Drs. Dawson and Kearns.

AFTERNOON SESSION.

Vice President Dr. H. J. Herrick in the chair.

Dr. D. D. Bramble, of Cincinnati, read his report on *Chloral Hydrate*, which was listened to with much attention, and ordered published with the transactions.

The Chair appointed Drs. H. J. Herrick and R. Gundry a committee to wait upon Dr. W. W. Dawson, the President elect, and conduct him to the

chair. Dr. Dawson, on assuming his new position, thanked the Society for the honor in fitting terms.

The retiring President, Dr. Reamy, delivered his valedictory address, which was quite able, and the audience showed their appreciation of the paper by frequent applause.

Dr. T. A. Reamy was tendered the thanks of the Society, and on motion of Dr. Stevens the paper was ordered printed with the transactions.

Dr. Seely read his report on *Diseases of the Eye*, which was ordered published with the transactions.

Dr. Werth, special committee on *Diseases of Larynx*, read his report, which was, by vote of the Society, ordered printed.

Dr. R. R. McIlvaine, delegate from this Society to the State Medical Society of New York, made his report of his attendance upon said Society. Report received, adopted, and ordered printed with the transactions.

Dr. Hall presented and read a report of A. N. Reed, of Norwalk, upon the same subject. Ordered printed.

Dr. R. R. McIlvaine asked leave to withdraw from the State Medical Society, by reason of his removal from the State.

Dr. Thompson moved to make Dr. McIlvaine an honorary member of this Society. Carried unanimously.

Dr. McIlvaine thanked the Society for the honor conferred.

The chair announced that papers would be read on to-morrow by Drs. Bartholow and Whittaker.

On motion, Society adjourned until to-morrow morning at 9 o'clock.

THIRD DAY—MORNING SESSION.

The Society was called to order promptly at 9 o'clock this morning; President Dr. Dawson in the chair.

Prayer was offered by the Rev. Mr. Halley, of the Congregational Church.

The minutes of yesterday's proceedings were read and adopted.

The attendance this day was very good.

Dr. Kincaid moved to reconsider the vote fixing on Dayton as the place to hold the next annual meeting, and gave as his reason for said motion that none of the profession of that city had invited the Society there.

The motion was adopted, and Portsmouth was substituted in its stead.

Dr. Roberts Bartholow, of Cincinnati, read a volunteer paper on the use of the *ophthalmoscope* and the *sphygmograph* in the study of therapeutic agents. The paper was referred to the Committee on Publication, with instructions to publish with transactions.

Dr. James T. Whittaker read a volunteer paper on *experiments in reproduction*, which was, on

motion, referred to Publishing Committee, with instructions to print.

On motion of Dr. Leonard, Dr. E. B. Stevens' report on uterine catarrh was taken from the table and discussed by Drs. Alex. Dunlap and M. B. Wright. A vote being taken, the paper was referred to Publishing Committee, with instructions to print.

The Society, on motion, took a recess until 2 o'clock, to enable the members to visit Covington and witness the workings of the Holly Water Works.

AFTERNOON SESSION.

Society met at 2 o'clock, President, Dr. Dawson in the chair.

The Committee on Publication made the following report, which was on motion adopted:

525 copies of the Transactions were published at a cost of - - - \$483 00
500 copies of the Constitution, - - - 25 00

\$508 00

W. C. Hall, J. B. Thompson, H. Drury, Publishing Committee.

The Secretary inquired the wish of the Society in regard to the *Report on the Prevailing Diseases of the State*.

Dr. J. R. Black (chairman of said special committee appointed last year)—A motion was made to read the paper by title; in consequence of the lateness of the session, Dr. Gundry inquired if the society was not establishing a bad precedent in thus crowding out regular reports and giving place to volunteer contributions.

Dr. Hall explained that the chairman, Dr. Black, was compelled to return home on Thursday morning, and had left his report in his hands, and he was ready to read it did the Society so request, and fully agreed with Dr. Gundry in all he said. The paper was read by title and referred to Committee on Publication, with instructions to print.

Dr. Hall stated that the report of Dr. Black embraced only 28 of the 82 counties in the State, and hence was not complete. He therefore moved that a committee upon the same subject be continued of which Dr. J. R. Black should be chairman. Motion carried.

The President, Dr. Dawson, announced a volunteer paper on the *Infecting Substance in Contagious Diseases and in Epidemics*, by C. G. Comegys. On motion, the paper of Dr. G. was read by title and referred to Publishing Committee, with instructions to print.

The Committee on Finance presented the following, and recommended its payment, which was adopted:

Ohio State Medical Society: To W. C. Hall, Dr.
To 1,000 blank credentials, - - - \$10.00
" 600 post-paid envelopes, - - - 20.75
" circulars, - - - 6.00
" 500 seals, - - - 1.25
Total, - - - \$38.00

W. H. MATCHETT,
Chairman Finance Com.

Dr. James F. Hibberd, of Indiana, and Dr. N. Dalton, of Mineral Point, Wisconsin, were elected honorary members of this Society, on motion of Dr. E. B. Stevens.

Dr. D. S. Young, of Cincinnati, read a volunteer paper on mechanical treatment of stricture, which was, on motion, referred to the Publication Committee, with instructions to print.

Dr. E. B. Stevens stated that he had collected additional historical facts relative to this Society, which his report last year did not contain, and asked leave to submit them to Publication Committee, with instruction to print. Granted.

During the session to-day the following new members were duly elected: Drs. J. L. Wilson, Greenfield; Alfred M. Whitehead, Springfield; N. P. Dandridge, Cincinnati; J. B. Ousley, Jacksonburg; W. W. Shepherd, Hillsboro; R. D. Huggins, West Alexandria; Wm. Saylor, Gratis.

The chair announced the following standing committees:

Executive—A. B. Jones, Schwab, Pixley, C. M. Finch, Titus.

Publication—W. C. Hall, J. W. Hadlock, J. B. Thompson, A. G. Miles, A. Wilson.

Finance—S. B. Williams, Warren Woodward, M. W. Junkers, J. H. Ousley, R. F. Sweney.

Medical Societies—J. D. Colton, D. Noble, J. M. Brown, C. A. Miller, A. C. Kemper.

Medical Ethics—B. F. Hart, Byron Stanton, J. T. Morey, A. Follett, G. B. Orr.

Obituaries—B. T. Leonard, A. M. Brown, M. Cassoh, J. D. Edwards, N. P. Dandridge.

Special Committees.

Uterine Therapeutics—H. J. Herrick, Cleveland. Ovariectomy—A. Dunlap, Springfield.

Eye and Ear Surgery—W. W. Seely, Cincinnati. Vaccination—W. B. Davis, Cincinnati.

Nervous Transmission—S. S. Scoville. Generation—J. T. Whittaker, Cincinnati.

Puerperal Convulsions—J. Pomeroy, Cincinnati. Pathology of the Blood—W. P. Thornton, Cincinnati.

Therapeutics of Mineral Springs—G. E. Walton, Cincinnati.

Therapeutics of Electricity—R. Bartholow, Cincinnati.

New Remedies—E. R. Lacey, Cincinnati. Gynecology—C. D. Palmer, Cincinnati.

Chroni
Cincinna
Hernia
Obstet
Castra
Electro
Choler
Amput
Bellad
Diseas
Uterin
Diseas
Surgic
cinnati.
Medic
Puerpe
Preval
Black, N
Inflan
cinnati.
Semic
Spotum
Relati
—A. B.
Asyly
Station
Psych
Deleg
1872—
Hall, F
Helmic
Leonar
field; J
Thacker
Dayton,
ville; C
lumbus
Fortam
Kirby,
Mr. J
Journ
We
as to t
germe
once w
In this
tium,
What
very n

Chronic Diseases of the Lungs—Wm. Casson, Cincinnati.

Hernia Cerebri—P. S. Connor, Cincinnati.

Obstetric Records—J. Helmick, Cincinnati.

Castration—W. C. Hall, Fayetteville.

Electrolysis—W. H. Mussey, Cincinnati.

Cholera Infantum—A. J. Miles, Cincinnati.

Amputations—S. H. Kearney, Cincinnati.

Belladonna—J. S. Little, Delaware, Ohio.

Diseases of the Larynx—R. Wirth, Columbus.

Uterine Diseases—E. B. Stevens, Cincinnati.

Diseases of the Skin—C. O. Wright, Cincinnati.

Surgical Diseases of Women—T. A. Reamy, Cincinnati.

Medical Chemistry—J. B. Hough, Ridgeville.

Puerperal Insanity—R. Gundry, Dayton.

Prevailing Diseases Throughout the State—J. R. Black, Newark.

Inflammation of the Chest—J. A. Murphy, Cincinnati.

Semiological Value of Yellow Elastic Tissue in Sputum—A. T. Keyt, Cincinnati.

Relation of the Mental to Man's Physical Forces—A. B. Jones, Portsmouth.

Asylum for Epileptics—W. J. Conklin, Byron Station; W. L. Peak.

Psychology—J. W. Hadlock, Cincinnati.

Delegates to American Medical Association for 1872—Drs. Thaddeus Reamy, Cincinnati; W. C. Hall, Fayetteville; W. H. Wilson, Springfield; Helmick, Harrisburg; John Little, Delaware; B. B. Leonard, West Liberty; J. S. R. Hazzard, Springfield; John Corsyn, Middletown; M. B. Wright, Thacker, E. B. Stevens, Woodward, Cin.; Gundry, Dayton, Herrick, Cleveland; W. M. Matchett, Greenville; C. A. Miller, Cincinnati; S. M. Smith, Columbus; R. M. Denig, Columbus; E. B. Lang, Portsmouth; J. W. Hadlock, Cincinnati; Jacob Kirby, Hillsboro'; W. W. Shepherd, Hillsboro';

B. F. Hart, Marietta; J. W. Hamilton, Columbus; R. Wirth, Columbus; J. D. Cotton, Marietta; Jones, Portsmouth; Reeves, Dayton; G. A. Doherty, Cincinnati; Wm. Carson, Cincinnati; D. Noble, Hillsboro'; A. Robb, Blanchester; L. T. Pease, Williamsburg; W. H. Campbell, Concord, Ky.

Delegates to Indiana State Medical Society—Drs. T. A. Reamy, A. C. McLaughlin, R. C. S. Reed, A. E. Heighway, J. T. Whittaker.

Delegates to Kentucky State Medical Society—Drs. A. E. Jeune, J. C. Kennedy, J. A. Murphy, N. Baker, C. G. Comegys.

Delegates to New York State Medical Society—Drs. A. Dunlap, W. P. Kincaid, A. Robb, C. P. Landon, W. H. Mussey.

Delegates to Illinois State Medical Society—Drs. H. J. Herrick, J. A. Little, D. D. Bramble, H. C. Pierce, W. C. Jacobs.

Delegates to Kansas State Medical Society—Drs. W. C. Hall, S. S. Scoville, S. B. Bishop, B. F. Miller, O. E. Davis.

Delegates to West Virginia State Medical Society—Drs. J. W. Hamilton, J. Strong, J. Carson, G. C. Blackman, H. J. Donehue.

The members throughout the State who were in attendance will long remember their professional brethren in the sister cities of Cincinnati and Covington. Their efforts to entertain the members were untiring—good looks, good feeling, good cheer, good banquets—good everything, characterized the meeting throughout.

W. C. HALL, Secy.

The Society adjourned to meet in Portsmouth on the 2d Tuesday of June, 1872, on motion of Dr. W. C. Hall.

W. W. DAWSON, President.

W. C. HALL, } Secretaries.
J. W. HADLOCK, }

EDITORIAL DEPARTMENT.

PERISCOPE.

Development of Ergot.

Mr. M. C. COOKE writes to the *Pharmaceutical Journal*:

We will say nothing of the difference of opinion as to the ergot itself being a transformation of the germen, or a parasite of the germen, but start at once with the *Secale cornutum*, as the first stage. In this condition it is called by botanists a *sclerotium*, and this particular one is *Sclerotium clavus*. What is to be understood by a *Sclerotium*? is a very natural question to suggest itself. It will not

do to pass it as a generic name, since it has no value as a genus, and even were it not so the answer would be insufficient. Fungi are known to be developed in the majority of instances from certain root-like filaments called mycelia. Sometimes these filaments are very much compacted, and in the present, and some allied instances, assume the form of a compact cellular mass called a sclerotium. So that a sclerotium is, in fact, a compact mycelium, a sort of bulbous mycelium, of variable shape. Such is ergot. Whether produced on wheat, rye or the grasses, this sclerotium differs very little in form,

being horn-shaped, whilst other kinds of sclerotium are spherical, discoid or irregular.

The earliest condition of this species is manifested by the presence of a thick gummy matter on the spikes of corn or grass, and this contains granules. During the growth of the sclerotium it is invested by a coating described in detail by Professor Quekett, in a memoir devoted by him to this subject. What the relation is between the gummy matter and the sclerotium and its coating is uncertain, unless it be accepted that the sclerotium is developed ultimately from the base of a spermogone, which, in the first instance, exuded spermata in the aforesaid gummy mass. The coating was considered a distinct fungus, parasitic on the ergot, by Quekett, and called by him *Ergotelia abortifaciens*, whilst Berkeley retained it in *Oidium*, with the same specific name. It is now regarded as the spermiferous condition of the complete fungus.

The ultimate stage consists in the growth of little stalked bodies with rounded heads from and upon the sclerotium. If ergot of rye, wheat, etc., be slightly covered with soil in spring (March or April), and kept moderately moist with rain water, in the course of time a crop of these stalked bodies will be produced, but patience is quite necessary, for six months may be required for their growth. These are the *Cordyceps purpurea*, or *Claviceps purpurea*, by which name the whole of the forms of this polymorphous fungus should be called. Hence we have the stroma, or compact mycelium (sclerotium), conidia, spermata, and finally the ascophores containing the sporidia, and all appertaining to *Claviceps purpurea*, Tulase.

The ascophores, or stalked bodies with globose purplish heads, are minute and delicate, several of them being often produced upon the same sclerotium. The globose head is the fruit-bearing portion. Numerous cells, with distinct walls (perithecia) are immersed in the substance of the head. Each of these cells contains a mass of long, narrow, cylindrical, transparent sacs termed asci, which are thickened at their apices. Each ascus enclosed eight hair-like sporidia, flexuous and delicate, slightly attenuated toward each end. This is the final and highest development which the fungus attains. A closely allied species is found on the sclerotium of reeds, and another on the sclerotium of *Eichornia*. The latter, as far as we are aware, never having been found, except as a sclerotium, in Britain.

On Nocturnal Dyspnoea arising from Heart Disease.

Dr. S. O. HADERSHON says in the *Lancet*:

During sleep the assistance of voluntary muscles is withdrawn; and if the maintenance of this equilibrium absolutely requires voluntary assistance,

then the patient is unable to sleep, or, if consciousness be lost, there is a sudden start or fright, followed by hurried breathing or gasping for breath. If we can render the heart independent of this supplemental action, the patient will have comfortable rest. We seek to attain to this condition by the help of medicines. The remedies I have adverted to are the following: morphia and opium, foxglove conium, belladonna, Indian hemp, senega, camphor, alcohol, ether, chloroform, and the hydrate of chloral.

Opium and morphia.—In functional irritability of the heart, these are valuable remedies, but less so in organic diseases. The distress of the patient is often aggravated by them, and sometimes additional excitement is produced. The cardiac nerves are quieted, but the respiratory centres are narcotized; and if the patient sleeps he awakes with increased distress. The secretions are checked, and the heart's action thereby embarrassed. In some instances, where the hypodermic injection of morphia has been used, patients have entreated that it might not be repeated. Very small doses of morphia, however, often prove efficacious in relieving excitement, although not administered in sufficiently large doses to produce profound sleep; large quantities of morphia always tend to increase the pulmonary congestion, and to depress the action of the heart.

Foxglove is a favorite remedy, and in some instances it is of great value. Its primary action appears to be that of a stimulant to the heart, and afterward that of a sedative. Its effect is manifested more upon the cardiac than upon the respiratory nerves, and hence it is a more serviceable medicine than opium. Foxglove acts best in cases of imperfection of the mitral, when there is much irregularity of the heart, and is advantageously given with squills and small doses of mercurials, or with diuretics, as the nitrate or citrate of potash. But whilst I have often witnessed great benefit from its use in quieting and regulating the pulse, in relieving dyspnoea, and in acting on the kidneys, I confess that I always watch its free administration with fear, on account of the numerous instances of sudden and fatal syncope coincident with its employment in full doses. Foxglove may be given more freely when combined with steel, and it is certainly a most effective remedy in cardiac disease.

Conium and belladonna are of especial value in those cases where there is spasmodic contraction of the involuntary muscular fibre of the bronchi; that is, where bronchitis or bronchitic asthma is associated with heart disease. In simple cardiac dyspnoea they are uncertain, and only slightly palliative in their action.

Stimulants in the form of alcohol, ether, chloroform, carbonate of ammonia, are helpful for a different reason; they directly stimulate the cardiac

May
nerves,
to fresh
given co
and o
product
sons a s
afford o
ammom
than is
may be
stimula
the seco
is also s
less ener
and repe
have to

Camp
transitor
much fl
tainly p
it must
solution.

Senega
rant, and
colleagu
ease of fi
with ben
to exert
tory and
mal attac

Indian
found ver
diseases.
alone or
have a m
ence upon
action is
the respir
more effi
hemp des
received
beneficial

The hy
used as a
induces c
sequent il
tion of th
lar fibre f
altogether
sleeplessn
of the val
produced
for nearly
draming
could be s
forty grain
patient ha
peated: V

nerve, and the flagging muscular power is roused to fresh effort. But alcohol has the disadvantage, if given continuously, of producing hepatic congestion and of interfering with the free elimination of effete products. Chloroform and ether have in many persons a secondary sedative effect on the heart, and afford only very temporary relief. The carbonate of ammonia in full doses is deserving of a fuller use than is generally received. Ten or fifteen grains may be given with syrup, and whilst the primary stimulant effect on the vaso-motor nerve is beneficial the secondary action on the skin and on the glands is also salutary. The aromatic spirit of ammonia is less energetic in its action, and may be given in full and repeated doses with the next remedy to which I have to allude—namely, camphor.

Camphor is a cardiac stimulant, but its action is transitory and somewhat uncertain. If there be much flatulent distension of the abdomen, it is certainly palliative; but in order to act with any power it must be given in fuller doses than the watery solution.

Senega is an old remedy as a stimulating expectorant, and it was a favorite one with my late esteemed colleague, Dr. BARLOW, who often used it in disease of the aortic valves. I have often prescribed it with benefit in other affections of the heart. It seems to exert a stimulant action both upon the respiratory and cardiac nerves, and tends to lessen paroxysmal attacks of dyspnoea at night.

Indian hemp is another remedy which I have found very efficacious in promoting rest in cardiac diseases. The extract or tincture may be given alone or in combination, and although in this we have a medicine which exerts more marked influence upon the cerebrum, still its subsequent sedative action is more manifest upon the cardiac than upon the respiratory centres; and in this case it is often more efficacious than opium. Both senega and Indian hemp deserve fuller trial than they have generally received in these instances, and I can testify to their beneficial effects in many cases.

The hydrate of chloral has been very extensively used as a hypnotic, and in numerous instances it induces calm and refreshing sleep, without any subsequent ill-effects; but where there is great dilatation of the heart, or much weakness of the muscular fibre from degeneration, its employment is not altogether free from danger. In a case of distressing sleeplessness from aortic disease, with imperfection of the valves, twenty grains of the hydrate of chloral produced speedy unconsciousness, which continued for nearly twenty-four hours; but, although so alarming for a time, no ultimate injurious effect could be ascribed to the medicine. In other cases, forty grains have failed to produce any sleep, and the patient has requested that the dose might not be repeated: Where there is much pulmonary congestion

I regard its action as still more hazardous; for whatever may be the primary effect of chloral, its secondary action seems to be that of a depressant, both upon the muscular fibre of the heart and upon the pneumogastric nerve; and, if no sleep is produced by it, the system becomes excited, the countenance flushed, the brain disturbed, and we have the semi-intoxicating effects of alcohol without the benefit of its stimulative action. But whilst stating this, I regard the hydrate of chloral a most valuable addition to our list of medicines, although less serviceable in cardiac sleeplessness than where there is no organic disease of the heart or lungs. The hydrate of chloral will often act very admirably for once or twice, and then altogether fail in affording relief.

Treatment of Pertussis.

JOHN J. CALDWELL, M. D., Brooklyn, N. Y., says in the *Boston Medical and Surgical Journal*:

My treatment of whooping cough may, or may not, be entirely new to the profession, viz., local medication by the spray atomizer; my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous membrane, combined with intense hyperaesthesia of the air passages," I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your journal:

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face; as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows:

R. Ext. belladon. fld. gtt. v. to x.

Potass. bromid.,

Ammon. bromid.,

Aque distil.

M. Ft. solutio.

Of this we use a tablespoonful at each application.

July 11th.—Children much better; the intermissions of greater space. Made another application.

14th.—Attacks very mild; scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number; found them suffering from the same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated; that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG. called at the office with her little son, et. 2 years, afflicted in the same manner. After three or four applications we had similar happy results.

The Resurrectionists,

Dr. J. F. CLARKE of London, in some interesting reminiscences in the *Medical Times and Gazette*, relates the following anecdotes of them and their doings:

During my apprenticeship, the murders of Burke and Hare in Edinburgh had been imitated in London by Bishop and Williams. These worthies had carried on the traffic in murdered bodies, it is believed, for a considerable time. Their career was brought to a close by the murder of an Italian boy, whose body they had taken to King's College to sell. The present Professor Partridge was then Demonstrator of Anatomy in the College. His suspicions as to the body and the men were aroused by some appearances he observed, and he accordingly told Bishop and his companion to call for payment the following day. In the meantime, investigations and examinations were made, and the men, on presenting themselves, were arrested; they were eventually tried for murder, convicted and executed. I well remember seeing the body of Bishop on the dissecting-table at the Little Windmill-street School. The others present were—Mr. Mayo, then Lecturer on Anatomy at King's College; Mr. Partridge, his Demonstrator; Mr. Beaman, parish Surgeon; his assistant, the late D. Edwards; and myself, as the representative of the police Surgeon. The day selected for the *post-mortem* examination was Sunday. It was extremely hot, and the sun full upon the little room on the first floor, where we were assembled. I well recollect most of the incidents of the affair, which lasted a considerable time. The boy's teeth had been removed for sale to a dentist, and with this exception there were no external marks of violence on any part of the body. The internal organs were carefully examined; there was no trace of injury or poison. Mr. Mayo, who had a peculiar way of standing very upright with his

hands in his breeches pockets, said with a kind of lisp he had—"By Jove! the boy died a natural death." Mr. Partridge and Mr. Beaman, however, suggested that the spine had not been examined, and after a short consultation it was determined to examine the spinal column. Upon this being done, one or more of the upper cervical vertebrae were found fractured. "By Jove!" said Mr. Mayo, "this boy was murdered." To Mr. Partridge and Mr. Beaman is, I think, due the discovery of the murder. It appeared that it was the custom of the murderers to strike their victim on the upper part of the spine, and when insensible, to place him head foremost in a waterbut. Forty years, nearly, have elapsed since that day, but I have so vivid a recollection of it that I almost feel, on reflecting upon it, the terrible weakness I experienced, the want of food, and the then horrible task which was imposed upon Edwards and myself of sewing up the body when the rest were gone! With the trial and execution of Bishop and Williams, the system of "Burking" came to an end; but there is too much reason to believe that it was carried on to a very great extent in London. Many persons had been missed, and were never afterward heard of; it was naturally supposed they had been murdered and their bodies sold for dissection. And here it may not be out of place just to say a few words respecting the position of the anatomical schools, teachers, and students, previous to the passing of the Anatomy Act. Nothing could have been more unsatisfactory and disgraceful to us as a civilized nation. The outrages against decency, the misdemeanors, which the law was compelled to wink at, continued long after the necessity for a change had been demonstrated. The low ruffians who acted as "resurrectionists" were, to a certain extent, necessary evils, but they were the lowest of the low, and would stop at nothing to obtain their ends. He who recollects the passing of the Anatomy Act will remember how, for three or four years after, he was frequently in the evening waited upon by an ill-looking rascal, who solicited assistance. "I was one of them, sir," he would say, "who lost their work by the Anatomy Act." One could scarcely refuse such an appeal, seeing how much we were indebted to the applicant. But it is awful to contemplate the amount of crime of a worse kind which must have been committed. Wretches who held human life as a mere marketable commodity must, to have lived, committed many murders. Even now the Anatomy Act is imperfect. The Inspector should have more power conferred upon him; so that the supply of bodies, under proper regulations, should be equal to the demand. No one could have carried out his duties with more energy and prudence than the present Inspector; but he is hampered in his efforts, and thwarted in his endeavours to make the supply suf-

scient.
have be
than in

Dr. I
ing obse
Medical

"Tri 11
to discov
since be
in conjun

In this v
regardin
found th

ically inq
it again
rived fro

persons i
possesse
taining fe

"On th
been allo
has been

see, a n
chemical
added, a

the result
this test

tion.

"I men
sons suffi

more act
pus. On

a large c
man two

fering fro
time. T

been free
time, and

power of
does so e

seases gre

"You w
attempte

air over t
diseases,

activity of
poison on

"I will
other exp

to explain
antiseptic

"I have
property

the chemi
healthy of

ficient. Of late, however, we are glad to say there have been fewer complaints of a deficient supply than in former years.

A Test for Pus.

Dr. DAY, of Australia, has made some interesting observations on pus, which we quote from the *Medical Times and Gazette*, London:

"In 1868," he observes, "I had the good fortune to discover a very delicate test for pus, and have since been in the almost daily habit of applying it, in conjunction with other tests, as aids to diagnosis. In this way I have learnt some very interesting facts regarding the properties of pus. For instance, I have found that healthy pus, when dried, becomes chemically inactive, although when moistened with water it again resumes its chemical activity than pus derived from healthy persons, and that the pus from persons suffering from diseases allied to erysipelas possesses unusual activity, which it is capable of retaining for years.

"On this paper are two spots of pus which had been allowed to dry by exposure to the air. To one has been added the pus-test alone, with, as you may see, a negative result, dry pus being devoid of chemical activity. To the other a drop of water is added, and then a drop or two of the pus-test, with the result which always follows the application of this test to moist pus—namely, a bright-blue reaction.

"I mentioned just now that pus secreted by persons suffering from diseases allied to erysipelas is more active in its chemical properties than healthy pus. On this piece of glass is some pus taken from a large carbuncle on the neck of an elderly gentleman two years and three months ago. He was suffering from symptoms of blood-poisoning at the time. This pus, as you will see, although it has been freely exposed to the air during the whole time, and sometimes to great heat, still retains its power of acting chemically on the pus-test, and it does so even when dry, thus showing that it possesses greater chemical activity than ordinary pus.

"You will perceive that, in the explanation I have attempted regarding the influence of moist and dry air over the propagation of erysipelas and its allied diseases, I have assumed that when the chemical activity of pus is suspended its power to act as a poison on the system is also suspended.

"I will trespass on your time by bringing one other experiment under your notice, as it may help to explain the *modus operandi* of Prof. LISTER's antiseptic treatment of wounds.

"I have found that carbolic acid possesses the property of entirely and permanently destroying the chemical activity of pus, whether derived from healthy or unhealthy persons. On this paper is

some pus which had been moistened with water, to give it chemical activity. A few drops of watery solution of carbolic acid were then poured over it, and after a lapse of a quarter of an hour, the pus-test was applied, with as you may see, a perfectly negative result."

Dr. Day's pus-test is so simple in the mode of appliance, and apparently so certain in its revelations, that we have little doubt that it will soon come into daily use as an aid to diagnosis. He prepares his test-fluid by exposing a saturated alcoholic solution of gualacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. On moistening the most minute quantity of pus with water, and pouring a drop or two of the test-fluid over it, a clear blue color is produced.

Test for Arsenic.

A new and very delicate test for arsenic has been discovered by BETTENDORF. Its sensibility is so great that it is said to be capable of detecting one part of arsenic in a million parts of solution, and the presence of antimony does not affect it. In order to apply this test, the arsenious or arsenic liquid is mixed with hydrochloric acid until fumes are apparent; thereupon stannous chloride is added, which produces a basic precipitate, containing the greater part of the arsenic as metal, mixed with stannic oxide.

India Rubber Breast Pumps.

Dr. METTENHEIMER points out that apthæ are often generated by the use of these. In spite of cleaning the apparatus—a difficult task, as the neck is small—some milk is mostly left in the india-rubber bottle. Decomposition ensues, and germs are generated which eventually settle upon the nipple, and thus contaminate the child's mouth. If the apparatus mentioned is used at all, it will be necessary to wash it out each time with diluted spirits of wine.

Grape Sugar in Normal Urine.

M. HUIZINGA demonstrates the existence of grape sugar in normal urine by the employment of Wolframite (tungstic) and molybdic acids. He shows—1. That urine freed from indican, uric acid and coloring matter, contains a substance which is capable of effecting the reduction of molybdic acid. 2. Grape sugar reduces this acid also. 3. Urine free from indican, uric acid, coloring matter and sugar, is no longer capable of reducing molybdic acid. *Ergo*, the reducing substance is grape sugar.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 20, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

✓ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

✓ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

IS GOOD HEALTH DESIRABLE?

Some extraordinary results have recently been obtained by Dr. WALSHE in an analysis of the influence excited by the previous condition of the body in the production of disease which appeared in the *Lancet*. He remarks that when the direct exciting cause of disease occurs the health of any individual must be in either of the following conditions: It may be good, it may be *below par*, or *actual disease* may have set its typical mark on the organism.

With regard to the first condition, good health, it is very common for patients to say "I never was so well in my life as when first seized with the symptoms of my complaint." Among diathetic diseases cancer is an illustration of this, for it occasionally not only originates, but becomes manifest, whilst the patient is in good health; so it may be in acute specific diseases. In typhoid fever, for instance, young and healthy persons, with the flush of rural vigor, are its ordinary victims, and it is the same in the victims struck down by plague, cholera Asiatica, etc.

The term "below par" is not easily defined, and be its cause what it may, general debility, sluggishness of nutritive acts, feeble functional force, and falling weight characterize it, and those exhibiting it are supposed to have a strong proclivity to diseases of all kinds. But there is no evidence to show that the "below par" state is favorable for the development of cancer or gout, or glycohemina, and many other diseases. The same may be said of tubercle, notwithstanding a very general impression to the contrary that there

is something wrong in the so-called "below par" state, Dr. W. admits, cannot, for a moment, be doubted; but whether that something wrong struggles to promote, or tends to prevent, the diathetic disturbances belonging to tuberculization is at the present day, he thinks, an unsolved mystery.

The disposition to appropriate the floating poisons of epidemic diseases seems quite as marked among the strong as among the careworn, exhausted, and the underfed, and it is often forgotten that, though a "below par" state of health, brought on by the use of insufficiently reparative food, and by privations of various kinds, is escaped by the rich, they are exposed to the risks of many other quite as active causes of weakened vital energy.

Dr. FOTHERGILL, of Leeds, treading on the same ground considers that "an inferior form of general health, a lower general vitality, may be the safest forms of existence." He instances interesting cases, amongst others, one of hæmoptysis, where, every other day, the patient spat up a large quantity of blood, and consequently became very weak. Large quantities of food were given to support the patient, who, notwithstanding, daily grew weaker. Dr. GREEN was consulted and advised a starvation diet of skimmed milk; the hæmoptysis ceased, the patient daily improved, and finally recovered.

It might, then, appear that it is, on the whole, quite as well to be somewhat out of health, as perfectly "hearty." Indeed, the general experience is, that the delicate live longer than the very robust, though it is explained on other grounds than those above.

Insanity from "Religious Excitement."

Every now and then the newspapers give us an account of some one gone crazy through "religious excitement." Of course, excessive excitement of any kind disturbs the nerves and the brain. But pure Bible teaching carries with it such holy sedatives that we doubt whether it ever injured any mind, however deeply interested. In instances without number, true religion has saved men who, but for its consolations, would have been demented.

The above item, which we clip from an article on "French Insanity" in the *Bridgeton* (N. Jersey) *Chronicle*, contains more good, solid common-sense in a few words than we often meet with in our newspapers on the subject of insanity. Because an insane person raves on the subject of religion a superficial observer takes it for granted that he is insane on the subject of religion. The truth is well expressed by the *Chronicle*.

Notes and Comments.

The American Journal of Pharmacy.

A correspondent of the *Chemist and Druggist*, of London, speaks thus of an episode at the semi-centennial celebration of the College of Pharmacy of this city, held on the 23d of February. Mr. THOMAS S. WIEGAND, in speaking of the work accomplished by the College of Pharmacy, spoke thus of the *Journal of Pharmacy*, of which, we believe, Mr. WILLIAM PROCTOR has been editor ever since its establishment:

"The Journal commenced as a slim pamphlet, four numbers of which were issued in three years. It has now completed its forty-second volume of 900 pages yearly, and it was hazardous nothing to say that in no other serial was there more useful, practical, every-day information suited to the wants of the apothecary, and that, after forty years' growth as a gratuitous business under the auspices of the committee outside of the College, it had come to reside at home, and that this Hall was now the office of publication, where, under the direction of its business editor, its material interests would receive prompt attention. Mr. Wiegand then alluded to the resignation of the editor, to take effect at an early date. He, in common with the members generally, regretted the change, but after the reasons assigned the College felt it necessary to accept. There was one duty left, that of acknowledging the great debt we all owe to the editor for his untiring labors, and asking his acceptance, from his many friends, of a testimonial to this feeling. [The editor, who until this moment was unconscious of having any part to act in the programme, was completely taken by surprise when Mr. Wiegand stepped toward him and presented a handsome gold watch, of American manufacture, bearing his monogram and a complimentary inscription.]"

We beg to offer the editor another testimonial, the heartfelt thanks of all his English readers. We were afraid from a sentence written by himself, "that that which had been a pleasure had now ceased to be so," lest some unexplained bitterness had led to a resignation of editorial duties. Surely it cannot be interpreted into any breach of social etiquette if we quote one passage from his own explanatory letter, which we are sure will give as much pleasure to others as it certainly afforded to ourselves.

"I began life as an apprentice, with scientific pharmacy as my first love, and during forty years I have served her with constancy. Teaching and editing are avocations that arose out of circumstances exterior to my vocation as a pharmacist, though in harmony with it, and for which I had not been prepared by a liberal education. The harvest was ready and the laborers scarce, so I entered and did my best. A strong desire for liberation from that kind of responsibility that requires prompt mental labor at stated intervals has seized upon me; in a word, to rest from forced work. I always expect to labor, voluntarily, while life remains, but just now, in the intervals of business, I derive more pleasure from training vines and fruit trees than from chemical investigations."

Well Done, Arkansas!

We have received from Dr. J. A. DIBRELL, JR., of Little Rock, a very neat pamphlet containing a

report of the "Proceedings of the State Medical Association of Arkansas, at Little Rock, November, 1870, with the Constitution, By-laws and Code of Ethics."

It seems that on the 21st of November a meeting of physicians from different portions of the State convened at Little Rock, and organized the State association, with Drs. P. O. HOOPER, as President; E. R. DU VAL, W. P. HART and J. W. JONES, Vice Presidents; E. V. DEUEL and JULIAN C. FIELD, Recording Secretaries; CLAIBOURNE WATKINS, Corresponding Secretary, and J. B. BOND, Treasurer.

We are glad that, amid all the political excitement that has been distracting that State, our medical friends there can turn their attention to the important subject of organization.

The Discoverer of Anæsthesia.

In a very instructive paper on Anæsthetics, read before the Medical Society of the State of New York, February 8, 1871, and which we purpose making further use of, Dr. E. R. SQUIRE, of Brooklyn, says: The practical application of nitrous oxide "to dental surgery by HORACE WELLS, of Hartford, Connecticut, in December, 1844, was the commencement of anæsthesia; and hence, in the opinion of this writer, Horace Wells is, in every good, practical sense, the discoverer of anæsthesia, and deserves both the honor and the reward."

The Yellow Fever.

It seems that we are threatened with an epidemic of yellow fever this season, and it will require the greatest vigilance on the part of our various municipal Boards of Health to keep the disease from our shores. Advices from Buenos Ayres to April 12 have been received. The ravages of yellow fever were dreadful, and the deaths have increased to seven hundred per day.

Pepsin and Other Ferments Isolated by Glycerine.

The experiments of VON WITTICH prove that by means of concentrated glycerine, pepsin and other so-called ferments may be completely isolated. The glycerine extracts thus obtained, with but few exceptions, remain unchanged for a long time, so that a stock of ferment may be kept in store. Another advantage gained by this process is that the tissues which have thus been exhausted of their ferment are otherwise so little changed that they can be examined under conditions hitherto impossible.

West Virginia Hospital for the Insane.

Dr. T. B. CAMDEN, of Weston, West Virginia, has been appointed to the charge of the West Virginia Hospital for the Insane, located at that place,

vice Dr. HILLS resigned. We should judge that this was an excellent appointment. Dr. Camden proposes to spend a few weeks in visiting and observing the working of other institutions for the insane throughout the country.

Malpractice Case Settled.

The case of RICHARD M. ORDWAY vs. Dr. TIMOTHY HAYNES, which has been pending in court at Concord, New Hampshire, for over six years, was concluded a few days since. The plaintiff sued for malpractice in setting a thigh-bone on the 20th of May, 1863. The case has had two previous trials, the first resulting in a verdict for the plaintiff of \$2,100, and the second in a verdict for the plaintiff of between \$600 and \$700. In the last trial, which began on the 17th ult., the jury, after being out about seven hours, brought in a verdict for Dr. Haynes, which completely reverses the result of the former trials.

Humiliating!

We find the following humiliating record in the proceedings of the Board of Supervisors of Ohio county, West Virginia, in which the city of Wheeling is situated. The idea of physicians bringing their talents into the market and contending with each other as to which will do most to bedraggle and befoul his mantle is a humiliation to the profession at large that we trust is confined to the locality in which this occurred. We do not recognize among the names in this record any of the respectable physicians of Ohio county, though the name of one of them we believe appears in a list of special contributors to a medical journal of good standing. We commend the record to the notice of our contemporary. For the honor of the profession we hope that those who contended for these positions are irregular practitioners. In charity, we shall so regard them:

The Board then proceeded to open the proposals of physicians to attend prisoners in the county jail and poor house.

Dr. Reeves offered to attend the jail three times per week for \$250, or on former contract at \$70 per annum.

Dr. S. L. Jepson proposed to attend the jail for \$59.50 per annum.

Dr. B. W. Allen proposed to attend prisoners at \$225 per annum.

Dr. J. H. Storer proposed to attend the poor farm three times a week for \$156; Dr. J. English for \$450; Dr. E. Weeb for \$149; Drs. G. N. & W. A. Cracraft for \$200 three times a week, or \$300 for a visit every day.

Dr. Jepson's bid being the lowest for attendance at the jail, the contract was on motion awarded to him at \$59.50 per annum.

Mr. Kelly moved that the contract [for attendance at the poor farm] be awarded to Dr. Storer.

Mr. Tingle moved to amend by giving the contract to Dr. Cracraft. The amendment did not prevail.

Dr. Storer was then awarded the contract to attend on the paupers at the Poor Farm, at \$150 per annum.

NEWS AND MISCELLANY.

—Dr. L. J. SPERRY, a well-known physician of Hartford, Conn., died April 20th, aged 70 years, from a stroke of paralysis. His estate is valued at \$80,000, and he leaves a wife and two married daughters.

—The *British Medical Journal*, in a report of a chemical examination of samples of chloral hydrate, expresses disapproval of the practice of stating the dose upon labels attached to chloral hydrate. It says: "In some cases it is done in such a way as to suggest the idea that it is intended for amateurs and as a facility for self-treatment. Considering the possibility that there is, to say the least, of this medicine being misused, and the number of fatal cases which lately have occurred where over-doses of chloral hydrate are suspected of being the cause of death, this is a point on which it is scarcely possible to lay too much stress."

—The method of watering the streets with a solution of the chlorides of sodium, calcium and aluminium, as proposed by Mr. COOPER, appears to have been successfully carried out in London.

QUERIES AND REPLIES.

Dr. W. M. B., Conn.—Potter's Nasal Douche is intended by the inventor to be an improvement on all other kinds, having the great advantage of portability—but we would not like to decide whether you would accept it as an improvement.

Dr. E. W. T., N. C.—We know of no Monogram on Chloral Hydrate. You will find a great deal on the subject in the HALF YEARLY COMPENDIUM, for July, 1870, and January, 1871.

MARRIED.

BAKER—HOWARD—At the residence of the bride's father, Elma, N. Y., May 3, 1871, by Rev. Wm. Walth, F. J. Baker, M. D., and Hattie A. Howard.

LIVINGSTON—HOYT—At Yankton, Dakota Territory, on Sunday evening, April 2, 1871, at the residence of the bride's father, by Rev. M. Hoyt, D.D., Henry F. Livingston, M. D., of Fort Thompson, D. T., and Miss A. E. Hoyt, daughter of the officiating clergyman.

CORY—MUNROE—April 12, at the residence of the bride's parents, by the Rev. E. A. Washburn, D.D., Dr. David M. Cory, of Oyster Bay, Long Island, and Ellen S., daughter of George D. Munroe, Esq., of Brooklyn.

DIED.

SMITH—In Grayville, Vermont, April 12, Ransom Perry, only child of Dr. C. C. and Mary Perry Smith, aged 4 years, nearly,